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PART B - FEE(S) TRANSMITTAL

No. 1406 P. 1

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KINETIC CONCEPTS, INC. C/O SONNENSCHN NATH & ROSENTHAL LLP P.O. BOX 061080 WACKER DRIVE STATION, WILLIS TOWER CHICAGO, IL 60606

Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Julie A. Gillespie (Depositor's name) Julie A. Gillespie (Signature) April 7, 2010 (Date)

Table with 5 columns: APPLICATION NO., FILING DATE, FIRST NAMED INVENTOR, ATTORNEY DOCKET NO., CONFIRMATION NO.

10/600,061 06/20/2003 Cesar Z. Lina VAC.567.1.US 5656 04/08/2010 EFLORES1 00000021 10600061 01 FC:1504 300.00 OP 02 FC:1501 1510.00 OP

Table with 7 columns: APPLN. TYPE, SMALL ENTITY, ISSUE FEE DUE, PUBLICATION FEE DUE, PREV. PAID ISSUE FEE, TOTAL FEE(S) DUE, DATE DUE

Table with 3 columns: EXAMINER, ART UNIT, CLASS-SUBCLASS

- 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE KCI Licensing, Inc. (B) RESIDENCE: (CITY and STATE OR COUNTRY) San Antonio, TX USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

- 4a. The following fee(s) are submitted: Issue Fee, Publication Fee, Advance Order. 4b. Payment of Fee(s): A check is enclosed, Payment by credit card, The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment.

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Authorized Signature Robert W. Mason Date April 7, 2010 Typed or printed name Robert W. Mason Registration No. 42,848

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